



CRIMINAL RECORD RELEASE AUTHORIZATION FORM

(PLEASE READ THE EXPLANATION AND INSTRUCTIONS ON THE BACK OF THIS FORM)
PLEASE TYPE OR PRINT CLEARLY

SECTION I

1. Name: _____
LAST (MAIDEN) FIRST MIDDLE INITIAL
2. Address: _____
Street/Road City/Town State
3. Date of Birth: _____ Hair Color: _____ Eye Color: _____
4. Driver's License Number: _____ State: _____
5. **Child Care Program**
Name: _____
License Number _____
Address: _____
Street/Road City/Town State Zip Code
- By signing below you are certifying that you are the individual listed above and that the information provided herein is true under penalty of forgery and un-sworn falsification.
6. Signature: _____ Date: _____

SECTION II

"AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION"

I hereby authorize the release of my criminal conviction record information to:

7. Name: DHHS, Bureau of Child Care Licensing (BCCL) and the above named child care program
8. Address: 129 Pleasant Street, Concord, NH 03301
9. Applicant's Signature: _____ Date: _____
10. Notary's Signature: _____

AFFIX SEAL

Date Commission Expires: _____

NOTE: A \$7.50 fee is required for each individual for whom a criminal record check is requested – make checks payable to: State of NH – Criminal Records

CRIMINAL RECORD RELEASE AUTHORIZATION FORM EXPLANATION AND INSTRUCTIONS

EXPLANATION:

THE BUREAU OF CHILD CARE LICENSING WILL RELEASE INFORMATION REGARDING CRIMINAL RECORDS TO THE CHILD CARE PROGRAM WHICH EMPLOYS OR IS CONSIDERING EMPLOYING AND INDIVIDUAL, PURSUANT TO He C 4002.09 (a) AND (b) (1) AND (2) OF THE NEW HAMPSHIRE CHILD CARE PROGRAM LICENSING RULES, WHICH STATE:

"(a) When the department investigates an individual's criminal conviction records under RSA 170-E:7, and determines that the individual does not pose a current threat to the safety of children, it shall notify the family child care provider, center director or his/her designee of that determination, and provide him/her with a copy of the report of criminal convictions received from the NH department of safety, state police headquarters.

(b) Any information collected by the department pursuant to RSA 170-E:7 regarding criminal conviction records... which results in a department determination that the individual being investigated poses a current threat to the safety of children, shall be kept confidential by the department, with the following exceptions:

(1) The department shall notify the program in which the individual is employed, that the individual has been determined to pose a threat to the safety of children, in accordance with the provisions of RSA 170-E:7, III, or RSA 170-E:7, IV, so that the program can take corrective action;

(2) The department shall include in its notice under (1) above the identity of the individual and the crime as reported on the criminal conviction record or the determination that there is a founded case of child abuse or neglect...

IN ADDITION TO THE HOUSEHOLD AND PERSONNEL LIST, CHILD CARE PROGRAMS MUST SUBMIT TO THE BUREAU OF CHILD CARE LICENSING (BCCL), A CRIMINAL RECORD RELEASE AUTHORIZATION FORM, COMPLETED AS DIRECTED BELOW, FOR EVERY NAME INCLUDED ON THE HOUSEHOLD AND PERSONNEL LIST. THERE IS A FEE OF \$7.50 PER INDIVIDUAL RECORD REQUEST. PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO: STATE OF NH – CRIMINAL RECORDS, FOR \$7.50 TIMES THE NUMBER OF CRIMINAL RECORDS CHECKS REQUESTED. WITHOUT THIS PAYMENT, YOUR CRIMINAL RECORDS CHECKS CANNOT BE PROCESSED BY THE DEPARTMENT OF SAFETY. BCCL **CANNOT PROCESS** CRIMINAL RECORD BACKGROUND CHECKS UNTIL BOTH REQUIRED FORMS AND PAYMENT ARE SUBMITTED, AND **CANNOT ISSUE** ANY LICENSE OR PERMIT UNTIL THE REQUIRED CRIMINAL RECORD CHECKS ARE COMPLETED.

INSTRUCTIONS:

THE NH STATE POLICE REQUIRE THAT **ALL** SECTIONS OF THE FORM BE FILLED IN. ANY FORM SUBMITTED WITH BLANK SPACES WILL BE RETURNED. THE FORM MUST BE COMPLETED IN **INK**, AND **MUST BE LEGIBLE**.

PLEASE NOTE: ALL SIGNATURES MUST BE ORIGINAL, PHOTO COPIES OF THE SIGNED AND NOTARIZED FORM ARE NOT ACCEPTABLE.

SECTION I

LINES 1 THROUGH 5 MUST BE COMPLETED BY THE CHILD CARE PROGRAM OR THE INDIVIDUAL NAMED ON LINE 1. LINE 1 MUST INCLUDE THE LAST NAME, MAIDEN NAME (IN PARENTHESIS), FIRST NAME, AND MIDDLE INITIAL. ON LINE 4, IF YOU DO NOT HAVE A DRIVER'S LICENSE, YOU MUST WRITE IN "NO DRIVER'S LICENSE".

LINE 6 MUST BE SIGNED AND DATED BY THE INDIVIDUAL NAMED ON LINE 1.

SECTION II

LINES 7 AND 8 ARE COMPLETED BY THE BUREAU OF CHILD CARE LICENSING.

LINE 9 MUST BE SIGNED AND DATED BY THE SAME PERSON WHO SIGNED ON LINE 6, AND MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

LINE 10 MUST BE SIGNED AND DATED BY THE NOTARY PUBLIC. THE NOTARY PUBLIC MUST APPLY HIS/HER OFFICIAL RAISED SEAL TO THE FORM.